

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

In re: CINDY ROSE	§	Case No. 09-72548
	§	
	§	
Debtors	§	

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**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Lydia S. Meyer, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 06/19/2009.
- 2) The plan was confirmed on NA.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was dismissed on 12/18/2009.
- 6) Number of months from filing or conversion to last payment: 8.
- 7) Number of months case was pending: 11.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$3,800.00.
- 10) Amount of unsecured claims discharged without full payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$ 560.00	
Less amount refunded to debtor	\$ 560.00	
<b>NET RECEIPTS</b>		<b>\$ 0.00</b>

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$ 0.00	
Court Costs	\$ 0.00	
Trustee Expenses & Compensation	\$ 0.00	
Other	\$ 0.00	
<b>TOTAL EXPENSES OF ADMINISTRATION</b>		<b>\$ 0.00</b>
Attorney fees paid and disclosed by debtor:	\$ 0.00	

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Interest Paid
ATTORNEY SCOTT A BENTLEY	Lgl	3,500.00	NA	NA	0.00	0.00
A-TEC AMBULANCE	Uns	137.00	NA	NA	0.00	0.00
A-TEC AMBULANCE	Uns	589.00	NA	NA	0.00	0.00
A-TEC AMBULANCE	Uns	589.00	NA	NA	0.00	0.00
ACC INTERNATIONAL	Uns	229.15	NA	NA	0.00	0.00
AFFILIATED ENT PHYSICIANS	Uns	1,106.00	NA	NA	0.00	0.00
ALEXIAN BROTHERS MEDICAL	Uns	802.00	NA	NA	0.00	0.00
ANESTHESIA ASSOCIATES OF	Uns	1,090.00	NA	NA	0.00	0.00
ASSET CARE	Uns	471.00	NA	NA	0.00	0.00
BARRINGTON ORTHOPAEDIC	Uns	1,772.00	2,165.00	0.00	0.00	0.00
BARRINGTON ORTHOPAEDIC	Uns	2,165.00	NA	NA	0.00	0.00
BARRINGTON ORTHOPAEDIC	Uns	2,165.00	NA	NA	0.00	0.00
CARING FAMILY	Uns	118.00	NA	NA	0.00	0.00
CENTEGRA HEALTH CARE	Uns	327.25	NA	NA	0.00	0.00
CENTEGRA HEALTH CARE	Uns	511.75	NA	NA	0.00	0.00
CENTEGRA HEALTH CARE	Uns	1,055.50	NA	NA	0.00	0.00
CENTEGRA HEALTH CARE	Uns	8,047.25	NA	NA	0.00	0.00
CENTEGRA MEMORIAL MEDICAL	Uns	2,277.50	12,129.82	12,129.82	0.00	0.00

**Scheduled Creditors:**

Creditor <u>Name</u>	<u>Class</u>	Claim <u>Scheduled</u>	Claim <u>Asserted</u>	Claim <u>Allowed</u>	Principal <u>Paid</u>	Interest <u>Paid</u>
CENTEGRA HEALTH SYSTEM	Uns	327.25	NA	NA	0.00	0.00
CENTEGRA HEALTH SYSTEM	Uns	848.25	NA	NA	0.00	0.00
CENTEGRA HEALTH SYSTEM	Uns	568.00	NA	NA	0.00	0.00
CENTEGRA HEALTH SYSTEM	Uns	280.00	NA	NA	0.00	0.00
CENTEGRA HEALTH SYSTEM	Uns	2,021.75	NA	NA	0.00	0.00
CENTEGRA HEALTH SYSTEM	Uns	125.00	NA	NA	0.00	0.00
CENTEGRA HEALTH SYSTEM	Uns	1,807.59	NA	NA	0.00	0.00
CENTEGRA HEALTH SYSTEM	Uns	2,002.00	NA	NA	0.00	0.00
CENTEGRA HORIZON BEHAVIORAL	Uns	1,005.00	NA	NA	0.00	0.00
CENTEGRA HOSPITAL - MCHENRY	Uns	8,140.00	4,533.82	4,533.82	0.00	0.00
CENTEGRA HOSPITAL - MCHENRY	Uns	125.00	NA	NA	0.00	0.00
CENTEGRA HOSPITAL - MCHENRY	Uns	848.25	NA	NA	0.00	0.00
CENTEGRA HOSPITAL - MCHENRY	Uns	848.25	961.02	961.02	0.00	0.00
CENTEGRA HOSPITAL - MCHENRY	Uns	384.57	NA	NA	0.00	0.00
CENTEGRA MEMORIAL MEDICAL	Uns	1,548.25	NA	NA	0.00	0.00
CENTEGRA MEMORIAL MEDICAL	Uns	161.02	NA	NA	0.00	0.00
CENTEGRA MEMORIAL MEDICAL	Uns	2,277.50	NA	NA	0.00	0.00
CENTEGRA NORTHERN ILLINOIS	Uns	697.76	NA	NA	0.00	0.00
CENTEGRA NORTHERN ILLINOIS	Uns	1,679.50	NA	NA	0.00	0.00
CENTEGRA NORTHERN ILLINOIS	Uns	150.25	NA	NA	0.00	0.00
CENTEGRA NORTHERN ILLINOIS	Uns	369.50	NA	NA	0.00	0.00
CENTEGRA NORTHERN ILLINOIS	Uns	218.37	NA	NA	0.00	0.00
CENTEGRA NORTHERN ILLINOIS	Uns	451.00	NA	NA	0.00	0.00
CENTEGRA NORTHERN ILLINOIS	Uns	551.00	NA	NA	0.00	0.00
CENTEGRA NORTHERN ILLINOIS	Uns	551.00	NA	NA	0.00	0.00
CENTEGRA NORTHERN ILLINOIS	Uns	363.00	NA	NA	0.00	0.00
CENTEGRA NORTHERN ILLINOIS	Uns	551.00	NA	NA	0.00	0.00
DIVERSIFIED SERVICE GROUP	Uns	553.00	NA	NA	0.00	0.00
FAMILY DENTISTRY	Uns	50.00	NA	NA	0.00	0.00
HORIZONS BEHAVIORAL HEALTH	Uns	212.50	NA	NA	0.00	0.00
JOSEPH KAPPIL MD	Uns	150.00	NA	NA	0.00	0.00
LAKE / MCHENRY PATHOLOGY	Uns	152.00	NA	NA	0.00	0.00
MCHENRY RADIOLOGISTS	Uns	15.80	NA	NA	0.00	0.00
MCHENRY RADIOLOGISTS	Uns	195.43	NA	NA	0.00	0.00
MCHENRY RADIOLOGISTS	Uns	195.43	NA	NA	0.00	0.00

**Scheduled Creditors:**

Creditor		Claim	Claim	Claim	Principal	Interest
<u>Name</u>	<u>Class</u>	<u>Scheduled</u>	<u>Asserted</u>	<u>Allowed</u>	<u>Paid</u>	<u>Paid</u>
MEDICAL CENTER ANESTHESIA	Uns	553.00	NA	NA	0.00	0.00
MEMORIAL MEDICAL CENTER	Uns	1,930.00	NA	NA	0.00	0.00
MEMORIAL MEDICAL CENTER	Uns	755.55	NA	NA	0.00	0.00
MEMORIAL MEDICAL CENTER	Uns	72.75	NA	NA	0.00	0.00
MEMORIAL MEDICAL CENTER	Uns	74.00	NA	NA	0.00	0.00
MEMORIAL MEDICAL CENTER	Uns	1,055.50	NA	NA	0.00	0.00
MEMORIAL MEDICAL CENTER	Uns	511.75	NA	NA	0.00	0.00
MEMORIAL MEDICAL CENTER	Uns	2,277.50	NA	NA	0.00	0.00
MEMORIAL MEDICAL CENTER	Uns	494.25	NA	NA	0.00	0.00
MEMORIAL MEDICAL CENTER	Uns	753.50	NA	NA	0.00	0.00
MEMORIAL MEDICAL CENTER	Uns	533.50	NA	NA	0.00	0.00
MEMORIAL MEDICAL CENTER	Uns	1,055.50	NA	NA	0.00	0.00
MEMORIAL MEDICAL CENTER	Uns	753.50	NA	NA	0.00	0.00
MEMORIAL MEDICAL CENTER	Uns	1,930.00	NA	NA	0.00	0.00
MEMORIAL MEDICAL CENTER	Uns	161.02	NA	NA	0.00	0.00
MEMORIAL MEDICAL CENTER	Uns	1,548.25	NA	NA	0.00	0.00
MEMORIAL MEDICAL CENTER	Uns	511.75	NA	NA	0.00	0.00
MERCY HEALTH SYSTEM	Uns	1,656.00	NA	NA	0.00	0.00
MHS PHYSICIAN SERVICES	Uns	1,587.80	NA	NA	0.00	0.00
MHS PHYSICIAN SERVICES	Uns	136.30	NA	NA	0.00	0.00
MORAINÉ ER PHYSICIANS	Uns	876.00	NA	NA	0.00	0.00
MORAINÉ ER PHYSICIANS	Uns	38.80	NA	NA	0.00	0.00
NORTHERN ILLINOIS MEDICAL	Uns	1,160.00	NA	NA	0.00	0.00
NORTHERN ILLINOIS MEDICAL	Uns	594.00	NA	NA	0.00	0.00
NORTHERN ILLINOIS MEDICAL	Uns	2,286.75	NA	NA	0.00	0.00
NORTHERN ILLINOIS MEDICAL	Uns	327.25	NA	NA	0.00	0.00
NORHTERN ILLINOIS MEDICAL	Uns	2,589.38	9,770.62	9,770.62	0.00	0.00
NORTHERN ILLINOIS MEDICAL	Uns	568.00	NA	NA	0.00	0.00
NORTHERN ILLINOIS MEDICAL	Uns	551.00	NA	NA	0.00	0.00
OSI	Uns	27.00	NA	NA	0.00	0.00
ROMAN DYKUN	Uns	1,088.00	1,370.00	1,370.00	0.00	0.00
SHERMAN HOSPITAL	Uns	153.30	NA	NA	0.00	0.00
ST. ALEXIUS MEDICAL CENTER	Uns	1,517.00	NA	NA	0.00	0.00
TRI-COUNTY EMERGENCY	Uns	149.00	NA	NA	0.00	0.00
TRI-COUNTY EMERGENCY	Uns	308.00	NA	NA	0.00	0.00

**Scheduled Creditors:**

Creditor		Claim	Claim	Claim	Principal	Interest
<u>Name</u>	<u>Class</u>	<u>Scheduled</u>	<u>Asserted</u>	<u>Allowed</u>	<u>Paid</u>	<u>Paid</u>
TRI-COUNTY EMERGENCY	Uns	199.00	NA	NA	0.00	0.00
TRI-COUNTY EMERGENCY	Uns	507.00	NA	NA	0.00	0.00
TRI-COUNTY EMERGENCY	Uns	159.00	NA	NA	0.00	0.00

**Summary of Disbursements to Creditors:**

	Claim Allowed	Principal Paid	Interest Paid
<b>Secured Payments:</b>			
Mortgage Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
Mortgage Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Debt Secured by Vehicle	\$ 0.00	\$ 0.00	\$ 0.00
All Other Secured	\$ 0.00	\$ 0.00	\$ 0.00
<b>TOTAL SECURED:</b>	\$ 0.00	\$ 0.00	\$ 0.00
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Domestic Support Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
All Other Priority	\$ 0.00	\$ 0.00	\$ 0.00
<b>TOTAL PRIORITY:</b>	\$ 0.00	\$ 0.00	\$ 0.00
<b>GENERAL UNSECURED PAYMENTS:</b>	\$ 28,765.28	\$ 0.00	\$ 0.00

**Disbursements:**

Expenses of Administration	\$ 0.00	
Disbursements to Creditors	\$ 0.00	
<b>TOTAL DISBURSEMENTS:</b>		\$ 0.00

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Date: 05/20/2010

By: /s/ Lydia S. Meyer  
Trustee

**STATEMENT:** This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.